

Referral for Assistive Technology Screening

OCPS Assistive Technology Team

434 North Tampa Avenue

Orlando, FL 32805

407-317-3504 Fax 407-317-3526 (if faxed also send a copy in courier)

- Include a current copy of the student's IEP with this referral.
- Do not obtain "Consent for Assistive Technology Evaluation" at this point. An AT Team member will schedule the screening first.

Date:

Student data:

Name:	Student OCPS ID Number:
Date of birth:	
School:	Grade:
Parents:	Telephone:

Contact person:

Title:

Telephone:

Email:

Reason for referral:

☐ Communication

☐ Computer/Device Access

☐ Written Production

☐ Other _____

Has this student been previously screened by the AT Team?

☐ Yes

☐ No

☐ Unsure

What task is the student unable to do at a level that reflects his/her abilities: writing, reading, communicating, seeing, hearing?

What strategies/accommodations have been tried with this student to address this task?
Were any effective?

How can assistive technology increase the student's performance/participation success in the classroom?

Current Placement:

ESE Program: _____ Teacher's name: _____

ESE Services: _____

Names of therapists:

Speech _____

OT _____

PT _____

Other _____

Background Information**Communication:** (Also complete the "Pre-Screening Communication Information Form")

Student communicates with:

☐ vocalizations☐ gestures☐ speech☐ voice output device☐ manual communication boards☐ sign language☐ eye-gaze☐ writing

Accesses system by:

☐ direct selection☐ switch☐ auditory scanning☐ visual scanningSymbols used: ☐ objects ☐ photos ☐ line drawings (Boardmaker) ☐ letters/wordsAware of communication breakdown: ☐ yes ☐ no ☐ sometimesFrustrated by inability to communicate: ☐ yes ☐ no ☐ sometimes**Physical Status & Access to Tasks:**

Medical Diagnosis: _____

Does student walk?

Yes: ☐ independently ☐ with assistanceNo: ☐ manual wheelchair ☐ self propelled ☐ assisted☐ power wheelchairIs student able to use hands for tasks? ☐ yes ☐ noDoes student need physical accommodations/adaptations for accomplishing tasks (writing, reading, and communicating)? ☐ yes ☐ no

Describe: _____

Written Production/Output:

Attach a sample of the student's handwriting.

Describe how the student completes writing tasks:

Is handwriting legible? ☐yes ☐no

Is student unable to produce written assignments for other reasons?

Describe: _____

Can student recognize/locate letters on a keyboard? ☐yes ☐no

Does student use a computer to complete assignments:

At home:	<input type="checkbox"/> yes	<input type="checkbox"/> no
At school	<input type="checkbox"/> yes	<input type="checkbox"/> no

Computer Software Used:

☐ Word Processing ☐ Word Prediction Software ☐ Talking Word Processor

List assistive technology equipment currently or previously used by student (type of equipment and how long). (Ex.: AlphaSmart, Word Processing, Electronic Dictionary, Big Mack, Tech Speak, etc.):

Additional concerns:

Hand usage

□ Positioning

□ Vision

☐ Hearing

☐ Instructional

☐ Other

Additional comments: